

General Assembly

Raised Bill No. 7060

January Session, 2007

LCO No. 3883

03883 INS

Referred to Committee on Insurance and Real Estate

Introduced by: (INS)

AN ACT EXPANDING AFFORDABLE HEALTH CARE OPPORTUNITIES FOR SMALL BUSINESSES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. Section 12-202a of the general statutes is repealed and the
- 2 following is substituted in lieu thereof (Effective July 1, 2007, and
- 3 applicable to income years commencing on or after January 1, 2007):
- 4 (a) Each health care center, as defined in section 38a-175, that is
- 5 governed by sections 38a-175 to 38a-192, inclusive, shall pay a tax to
- 6 the Commissioner of Revenue Services for the calendar year
- 7 commencing on January 1, 1995, and annually thereafter, at the rate of
- 8 one and three-quarters per cent of the total net direct subscriber
- 9 charges received by such health care center during each such calendar
- 10 year on any new or renewal contract or policy approved by the
- 11 Insurance Commissioner under section 38a-183. Such payment shall be
- in addition to any other payment required under section 38a-48.
- 13 (b) Notwithstanding the provisions of subsection (a) of this section,
- 14 the tax shall not apply to:

- 18 (2) Any subscriber charges received from the federal government to 19 provide coverage for Medicare patients;
 - (3) Any subscriber charges received under a contract or policy entered into with the state to provide health care coverage to Medicaid recipients under the Medicaid managed care program established pursuant to section 17b-28, which charges are attributable to a period on or after January 1, 1998;
- 25 (4) Any new or renewal contract or policy entered into with the state 26 on or after April 1, 1998, to provide health care coverage to eligible 27 beneficiaries under the HUSKY Medicaid Plan Part A, HUSKY Part B, 28 or the HUSKY Plus programs, each as defined in section 17b-290;
- 29 (5) Any new or renewal contract or policy entered into with the state 30 on or after April 1, 1998, to provide health care coverage to recipients 31 of state-administered general assistance pursuant to section 17b-192;
- 32 (6) Any new or renewal contract or policy entered into with the state 33 on or after February 1, 2000, to provide health care coverage to retired 34 teachers, spouses or surviving spouses covered by plans offered by the state teachers' retirement system;
- 36 (7) Any new or renewal contract or policy entered into on or after 37 July 1, 2001, to provide health care coverage to employees of a 38 municipality and their dependents under a plan procured pursuant to 39 section 5-259;
- 40 (8) Any new or renewal contract or policy entered into on or after 41 July 1, 2001, to provide health care coverage to employees of nonprofit 42 organizations and their dependents under a plan procured pursuant to 43 section 5-259;

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- (9) Any new or renewal contract or policy entered into on or after July 1, 2003, to provide health care coverage to individuals eligible for a health coverage tax credit and their dependents under a plan procured pursuant to section 5-259;
- 48 (10) Any new or renewal contract or policy entered into on or after 49 July 1, 2005, to provide health care coverage to employees of 50 community action agencies and their dependents under a plan 51 procured pursuant to section 5-259; [or]
- 52 (11) Any new or renewal contract or policy entered into on or after 53 July 1, 2005, to provide health care coverage to retired members and 54 their dependents under a plan procured pursuant to section 5-259; or
- 55 (12) Any new or renewal contract or policy entered into on or after 56 July 1, 2007, to provide health care coverage to small employers under 57 a plan procured pursuant to section 38a-567, as amended by this act.
- (c) The provisions of this chapter pertaining to the filing of returns, declarations, installment payments, assessments and collection of taxes, penalties, administrative hearings and appeals imposed on domestic insurance companies shall apply with respect to the charge imposed under this section.
- Sec. 2. Subdivision (22) of section 38a-567 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):
 - (22) With respect to plans or arrangements issued pursuant to subsection (i) of section 5-259, or by an association group plan, at the option of the Comptroller or the administrator of the association group plan, the premium rates charged or offered to small employers purchasing health insurance shall not be subject to this section, provided (A) the plan or plans offered or issued cover such small employers as a single entity [and cover not less than ten thousand eligible individuals on the date issued] regardless of the date on which

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- such small employers became a participant in the plan or plans, (B)
 each small employer is charged or offered the same effective premium
 rate with respect to each eligible individual and dependent, and (C)
 the plan or plans are written on a guaranteed issue basis. For purposes
 of this subdivision, the term "effective premium rate" means that the
 premium rate charged may be adjusted based upon the date the small
 employer becomes a participant in the plan or plans.
 - Sec. 3. Subsection (b) of section 38a-569 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):
 - (b) Any member may reinsure with the pool coverage of an eligible employee of a small employer, or any dependent of such an employee. [, except that no member may reinsure with the pool coverage of an eligible employee of a small employer, or any dependent of such an employee, whose premium rates are not subject to section 38a-567 pursuant to subdivision (22) of section 38a-567.] Any reinsurance placed with the pool from the date of the establishment of the pool regarding the coverage of an eligible employee of a small employer, or any dependent of such an employee shall be provided as follows:
 - (1) (A) With respect to a special health care plan or a small employer health care plan, the pool shall reinsure the level of coverage provided; (B) with respect to other plans, the pool shall reinsure the level of coverage provided up to, but not exceeding, the level of coverage provided in a small employer health care plan or the actuarial equivalent thereof as defined and authorized by the board; and (C) in either case, no reinsurance may be provided in any calendar year for a reinsured employee or dependent until five thousand dollars in benefit payments have been made for services provided during that calendar year for that reinsured employee or dependent, which payments would have been reimbursed through said reinsurance in the absence of the annual five-thousand-dollar deductible. The amount of the deductible shall be periodically reviewed by the board and may be

adjusted for appropriate factors as determined by the board;

- (2) With respect to eligible employees, and their dependents, coverage may be reinsured: (A) Within such period of time after the commencement of their coverage under the plan as may be authorized by the board, or (B) commencing January 1, 1992, on the first plan anniversary after the employer's coverage has been in effect with the small employer carrier for a period of three years, and every third plan anniversary thereafter, provided, commencing May 1, 1994, reinsurance pursuant to this subparagraph shall only be permitted with respect to eligible employees and their dependents of a small employer which has no more than two eligible employees as of the applicable anniversary;
- (3) Reinsurance coverage may be terminated for each reinsured employee or dependent on any plan anniversary;
 - (4) Reinsurance of newborn dependents shall be allowed only if the mother of any such dependent is reinsured as of the date of birth of such child, and all newborn dependents of reinsured persons shall be automatically reinsured as of their date of birth; and
 - (5) Notwithstanding the provisions of subparagraph (A) of subdivision (2) of this subsection: (A) Coverage for eligible employees and their dependents provided under a group policy covering two or more small employers shall not be eligible for reinsurance when such coverage is discontinued and replaced by a group policy of another carrier covering two or more small employers, unless coverage for such eligible employees or dependents was reinsured by the prior carrier; and (B) at the time coverage is assumed for such group by a succeeding carrier, such carrier shall notify the pool of its intention to provide coverage for such group and shall identify the employees and dependents whose coverage will continue to be reinsured. The time limitations for providing such notice shall be established by the pool.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2007, and applicable to income years commencing on or after January 1, 2007	12-202a
Sec. 2	from passage	38a-567(22)
Sec. 3	from passage	38a-569(b)

Statement of Purpose:

To exempt insurance contracts and policies entered into on or after July 1, 2007, to provide health insurance coverage to small employers under a plan procured under section 38a-567 of the general statutes from the tax on net direct subscriber charges received by health care centers; to eliminate the threshold of ten thousand individuals for group plan purchasing health insurance; to define the term "effective premium rate" for the purposes of subdivision (22) of section 38a-567 of the general statutes; and to provide group purchased small business insurance access to the Connecticut Small Employer Health Reinsurance Pool.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]